

1 LOCATION OF WATER WELL
 County: **COMANCHE** Fraction: **NW 1/4 SW 1/4 NE 1/4** Section Number: **26** Township Number: **T 34 S** Range Number: **R 17 EW**

Distance and direction from nearest town or city? **16.5 9E IN 1/2 NE OPEN RANGE GOLDWATER** Street address of well if located within city?

2 WATER WELL OWNER: **RUSSEL HARNESS**
 RR#, St. Address, Box #: **CALWATER, KS 67829**
 City, State, ZIP Code: **67829**
 Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL: **100** ft. Bore Hole Diameter: **10.0** in. to **100** ft., and **100** in. to **100** ft.
 Well Water to be used as:
 Domestic Feedlot Public water supply Air conditioning Injection well
 Irrigation Industrial Oil field water supply Dewatering Other (Specify below)
 Lawn and garden only Observation well
 Well's static water level: **4** ft. below land surface measured on **JUNE** month **9** day **1981** year
 Pump Test Data: Well water was **40+** gpm: Well water was **40+** ft. after **40+** hours pumping **40+** gpm
 Est. Yield **40+** gpm: Well water was **40+** ft. after **40+** hours pumping **40+** gpm

4 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought iron Concrete tile Casing Joints: Glued Clamped
 PVC ABS Asbestos-Cement Other (specify below) Welded
 Fiberglass Threaded
 Blank casing dia: **5** in. to **80** ft., Dia: **5** in. to **80** ft., Dia: **5** in. to **80** ft., Dia: **5** in. to **80** ft.
 Casing height above land surface: **18** in., weight: **2.37** lbs./ft. Wall thickness or gauge No. **214**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass RMP (SR) Other (specify)
 Brass Galvanized steel Concrete tile ABS None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot Mill slot Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes
 Torch cut Other (specify)
 Screen-Perforation Dia: **5** in. to **100** ft., Dia: **5** in. to **100** ft., Dia: **5** in. to **100** ft., Dia: **5** in. to **100** ft.
 Screen-Perforated Intervals: From **80** ft. to **100** ft., From **80** ft. to **100** ft., From **80** ft. to **100** ft., From **80** ft. to **100** ft.
 Gravel Pack Intervals: From **0** ft. to **100** ft., From **0** ft. to **100** ft., From **0** ft. to **100** ft., From **0** ft. to **100** ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grouted Intervals: From **0** ft. to **10** ft., From **0** ft. to **10** ft., From **0** ft. to **10** ft., From **0** ft. to **10** ft.
 What is the nearest source of possible contamination:
 Septic tank Cess pool Sewage lagoon Fuel storage Abandoned water well
 Sewer lines Seepage pit Feed yard Insecticide storage Oil well/Gas well
 Lateral lines Pit privy Livestock pens Watertight sewer lines Other (specify below)
 Direction from well: **WEST** How many feet: **30'** ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted: month day year: Pump Installed? Yes No
 If Yes: Pump Manufacturer's name: Model No.: HP: Volts:
 Depth of Pump Intake: **54** ft. Pumps Capacity rated at: **3.9** gpm gal./min.
 Type of pump: Submersible Turbine Jet Centrifugal Reciprocating Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on **JUNE** month **9** day **1981** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **411**
 This Water Well Record was completed on **July** month **4** day **1981** year under the business name of **LEH'S WATER WELL SERVICE** by (signature) **Ronald C. Lill**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	15	RED CLAY			
	16	82	GYP ROCK			
	83	100	COARSE SAND			
	100		ROCK (GYP)			

ELEVATION: Depth(s) Groundwater Encountered **1. 82** ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 34 S R 17 SEC. 26 NW 1/4 SW 1/4 NE 1/4